

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51	/		
2	/						52	/		
3	/						53	/		
4	/						54	/		
5	/						55	/		
6	/						56	3		
7	/						57	/		
8	/						58	1	9	
9	3						59	9	9	
10	/						60	9	9	
11	1						61			
12	1						62			
13	1						63			
14	1						64			
15	1						65			
16	1						66			
17	1						67			
18	1						68			
19	3						69			
20	1						70			
21	1						71			
22	1						72			
23	1						73			
24	1						74			
25	1						75			
26	1						76			
27	1						77			
28	1						78			
29	1						79			
30	3						80			
31	1	x					81			
32	9	8	9				82			
33	2	1	9				83			
34	1	1	1				84			
35	1	-					85			
36	1	-					86			
37	1	-					87			
38	1	-					88			
39	1	-					89			
40	1	-					90			
41	1	-					91			
42	1	-					92			
43	1	-					93			
44	1	-					94			
45	1	-					95			
46	3	-					96			
47	1	-					97			
48	1	-					98			
49	1	-					99			
50	1	-					100			
TOTAL IND.	8	110					TOTAL IND.	8		
TOTAL DEP.			↓	↓	↓		TOTAL DEP.	74	↓	↓
TOTAL CLAIMS	118						TOTAL CLAIMS	85		